



City of Seattle
Department of Planning and Development

Mailing Address: 700 5th Ave, Suite 2000, PO Box 34019, Seattle, WA 98124-4019

Phone: (206) 684-8464 Fax: (206) 684-8113

Website: www.seattle.gov/dpd Hours: M, W, F: 7:30-5:30 T, Th: 10:30-5:30

PERMIT APPLICATION



Work Site Address: _____ Zip: _____

Work Activity Location: _____ Apt/Suite: _____

Occupancy: ☐ Single Family ☐ Multi-Family ☐ Commercial ☐ Institutional ☐ Industrial

Description of Work: _____

WORK SITE OWNER/TENANT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Name: _____ Phone: () _____ Fax: () _____ Address: _____ Apt/Ste: _____ City/State: _____ Zip: _____	State License #: _____ Name: _____ Phone: () _____ Fax: () _____ Address: _____ Apt/Ste: _____ City/State: _____ Zip: _____

PRESSURE VESSEL:	Size of the pressure vessel (diameter or width x length) in square feet: _____
<input type="checkbox"/> Alteration or Repairs <input type="checkbox"/> New Boiler, Pressure Vessel, Burner Replacement, Automatic Certification, Monitoring	
National Board/Serial #: _____ Manufacturer: _____	
BOILER:	<input type="checkbox"/> Heated by ELECTRIC POWER: Power input in Kilowatts: _____ <input type="checkbox"/> Heated by COMBUSTION: Heating surface of the <u>boiler</u> in square feet: _____
<input type="checkbox"/> Burner Replacement <input type="checkbox"/> Automatic Certification <input type="checkbox"/> Boiler Monitoring System	
Burner Rating: <input type="checkbox"/> 0-12,500,000 BTU/hr <input type="checkbox"/> Over 12,500,000 BTU/hr Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Propane (For Fuel 1) <input type="checkbox"/> Oil <input type="checkbox"/> Wood/Solid	
Burner Rating: <input type="checkbox"/> 0-12,500,000 BTU/hr <input type="checkbox"/> Over 12,500,000 BTU/hr Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Propane (For Fuel 2) <input type="checkbox"/> Oil <input type="checkbox"/> Wood/Solid	

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.	
Signature: _____	Date of Application: _____
Contractor or Owner (or Authorized Agent)	

PAYMENT & MAILING INSTRUCTIONS:	
<input type="checkbox"/> Pay by Check Mail checks to: DPD, P.O. Box 34234, Seattle, WA 98124-1234 <input type="checkbox"/> Charge my escrow (ADA) account # _____ <input type="checkbox"/> Call me at () _____ for a credit card number Choose one of the following options: <input type="checkbox"/> Mail Permit <input type="checkbox"/> Mail & Fax Permit <input type="checkbox"/> Hold Permit for Pick-Up <input type="checkbox"/> Mail & Email Permit to: _____	

DPD USE ONLY:
Permit #: _____
Permit Fee: _____